

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00304

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Arthur Aldred Anthony

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

d.

married

6. (b) Name of husband or wife

Mildred Smith Anthony

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

56 years

May 20 1878

8. AGE:

Years

Months

Days

Days

Less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Delaware

10. Usual occupation.....

Farmer

11. Industry or business

MOTHER FATHER

Samuel Anthony

Deli Smith

Josephine Smith

Deli

16. Informant.....

Mrs. Mildred Anthony

Greensboro Eng.

Address

Burial

Date thereof

18-4-8

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Perry George Cemetery

Location

Towson & Deyton

18. Funeral director.....

J. Ziegil Moore & Son

Address

Deuton Eng.

19. 11/15 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Jan 14 1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on

Immediate cause of death.....

Cardiac Occlusion

Due to.....

Arterio Occlusion

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Aanson J. George
Bruton
Date signed 11/15/48

RECEIVED

JAN 19 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00345
60

Reg. Dist. No.

1. PLACE OF DEATH: *Caroline*

County

City or town *Templerille*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

3. (a) FULL NAME

Roland Randolph Boyd

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Rosa

7. Birth date of deceased (mo. day. yr.)

6. (c) If alive, give age *57* years*June 3 - 1881*

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Davincourt Virginia

(Town, County, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name *Elijah Kiser Boyd*

13. Birthplace

Virginia

14. Maiden name

Rachel Jackson

15. Birthplace

Virginia

16. Informant

Mrs. Rosa Boyd

Address

Templerille Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof *1/21/48*

(month) (day) (year)

Cemetery or crematory

Hancock

Location

Hopeville Md.

18. Funeral director

R. P. Rawlings

Address

Greensboro, Md.

19. Date rec'd by registrar

19

Date signed *Jan 20 1948*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*City or town *Templerille* (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Jan. 17*

1948 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1947 to *Jan 17 1948*and that I last saw him alive on *Jan 17 1948*

Immediate cause of death

*Coronary Occlusion*Due to *Coronary sclerosis*Due to *Chronic myocarditis*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

✓

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

—

Injured at work

23. SIGNATURE

@ Rufecete

M. D. or other

Address

Ludlowsville Md.

Date signed *1/19/48*

RECORDED

FEB 3 1948

THE AIR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00306

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yearsHospital, institution, or street address where death occurred: Near Farmland

How long in hospital or institution?

3. (a) FULL NAME

William Coles

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Marie Coles

7. Birth date of deceased (mo., day, yr.)

January 10, 18966.(c) If alive, give age 42 years

8. AGE:

Years	Months	Days	If less than one day
51	11	29	hrs. min.

9. Birthplace

Charles City, Virginia

(Town, County, and State)

10. Usual occupation

Farm Laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name Tamed Coles13. Birthplace Virginia14. Maiden name Doris D. Robinson15. Birthplace Virginia16. Informant Mrs. Marie ColesAddress Preston, Maryland, P.T.D.

17. Burial

(Burial, cremation, or removal. Which?) Burial Date thereof January 13, 1948 (month) (day) (year)Cemetery or crematory Bethlehem CemeteryLocation Near Preston, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. Jan. 12 1948
(Date rec'd by registrar)C. W. Plummer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Farmland

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1948 at 10:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13, 1939 to January 9, 1948.and that I last saw h... A.M. alive on January 1, 1948.Immediate cause of death Chronic Myocarditis with Heart Failure DURATIONWith Heart Failure 2 yrs.

Due to...

Due to...

Other conditions Chronic Rheumatoid Arthritis(Include pregnancy within 3 months of death) 10 yrs.

Major findings of operations

None Date of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lula B. Plummer

M. D. or other

Address Preston Maryland Date signed Jan. 12, 1948



I

9-4515M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age.
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00307

138

CERTIFICATE OF DEATH

Reg. Dist. No. 601

1. PLACE OF DEATH:

County..... Caroline

City or town..... Bridgetown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?..... X

3. (a) FULL NAME

Thompson E. Gibson

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Male..... White..... Married

6. (b) Name of husband or wife..... Edith Gibson

7. Birth date of deceased (mo., day, yr.)..... November 25, 1883

6. (c) If alive, give age... 59 years

8. AGE: Years..... 64 Months..... 1 Days..... 16 If less than one day..... hrs..... min.....

9. Birthplace..... Bridgetown, Caroline, Maryland.

(Town, county, and state)

10. Usual occupation..... Blacksmith

11. Industry or business..... X

12. Name..... Jacob E. Gibson

13. Birthplace..... Maryland

14. Maiden name..... Agnes Cannon

15. Birthplace..... Maryland

16. Informant..... Mrs. Edith Gibson

Address..... Bridgetown, Maryland.

17. Burial..... Date thereof..... 1/ 13/ 48
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Greensboro

Location..... Greensboro, Maryland.

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Maryland

19. Date rec'd by registrar..... Jan 13 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Bridgetown

(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... X

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 10 1948 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 to 1948, to Jan 9, 1948

and that I last saw him alive on 1/9/48

Immediate cause of death..... Exhalation

DURATION

Due to..... Pulmonary Tuberculosis 3 yr

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

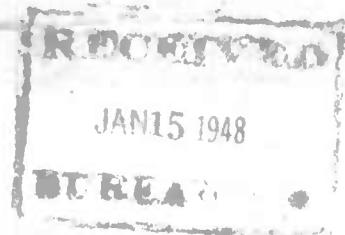
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00308

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

Caroline

City or town.....

Hicklars

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 1/2 months

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Cecelia Louise Greaves

3. (b) Social Security Number

None

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteMarried

6. (b) Name of husband or wife.....

William Howard Greaves6. (c) If alive, give age.....72 years

7. Birth date of deceased (mo., day, yr.)

Oct. 6 - ? 1880

8. AGE: Years

Months

Days

If less than one day

About 67hrs.min.

9. Birthplace.....

Baltimore Maryland

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

12. Name.....

MOTHER FATHER

Anthony Greaves

13. Birthplace.....

Don't know

14. Maiden name.....

Don't know

15. Birthplace.....

Don't know

16. Informant.....

Address

William Howard GreavesHicklars Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....Jan. 8-48

(month) (day) (year)

Cemetery or crematory.....

Western Cemetery

Location.....

Baltimore Maryland

18. Funeral director.....

Address

Barton BrosChesterville Maryland

19. (Date rec'd by registrar)

1/6

1948

Mrs G. George

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County Queen Anne'sCity or town.....near Chesterville (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

Jan 51947, at 11:30 M

2D. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 23 - 1947, to Jan 5 1948and that I last saw her or alive on Jan 5 1948

Immediate cause of death.....

Hypoglycemia

DURATION

Due to.....

Due to.....

Other conditions.....Convalescing from cold & fever

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

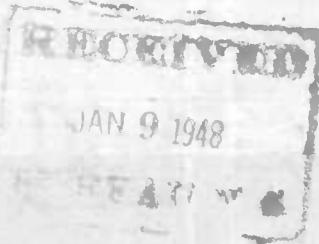
Injured at work?

23. SIGNATURE.....

W. Henry Fisher

M. D. or other

Address.....Chesterville MdDate signed.....1/6 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00309

CERTIFICATE OF DEATH

Reg. Diet. No.

1. PLACE OF DEATH:

County.....

Caroline

City or town.....

Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 8 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

James Green Jr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

Sylvester Green

7. Birth date of deceased (mo., day, yr.)

August 26 - 1900

6. (c) If alive, give age 39 years

8. AGE:

Years Months Days Il less than one day
47 4 24 hrs. min.

9. Birthplace.....

Brunswick, Ga.

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

Canning House

MOTHER FATHER

12. Name.....

James Green

13. Birthplace.....

Brunswick, Ga.

14. Maiden name.....

Do not know

15. Birthplace.....

..

16. Informant.....

Sylvester Green

Address

Preston, Md.

17. Burial

Date thereof Jan 21-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Mt Pleasant Glendale Cemetery

Location.....

Preston Rural 711d

18. Funeral director.....

John D. Williams

Address

Easton, Md.

19. 1/20

1948 Cornelius Plummer

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Caroline Co.

City or town.....

Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

232-30-2152

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 17 1948, at 3 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 13 1942 to Jan. 17 1948 and that I last saw him alive on June 12 1947 1948

Immediate cause of death.....

Pneumonia

Bronchitis Pneumonia

DURATION

2 days

Due to.....

Due to.....

Other conditions.....

Gastro. Aorta

7 days

Serology was negative

(Include pregnancy within 3 months of death if any other)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Means of injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

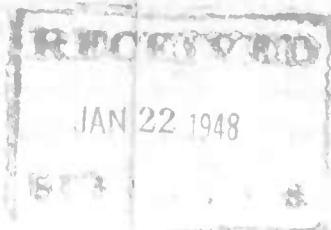
Huey B. Lumley

M. D. or other

Address.....

Preston Maryland

Date signed 1/20/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00310

108

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County

City or town

Caroline
Bells Chapel, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Washington Fines

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

Col

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

March 13th 1876

8. AGE:

Years

Months

Days

Or less than one day

71

10

hrs.

min.

9. Birthplace

(Town, county, and state)

Bells Chapel, Md. Denton

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

George Fines

13. Birthplace

Maryland

14. Maiden name

Abigail White

15. Birthplace

Maryland

16. Informant

Sarah Mason

Address

Prof. Denton, Md.

17. Buried

(Burial, cremation, or removal. Which?)

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Bells Chapel Cemetery

Location

Md. / Denton

18. Funeral director

J. Daigle Mason & Son

Address

Denton, Md.

19. 1/24 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland

County Caroline

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 19 1948 at 10:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

January 12 1948 to January 19 1948

and that I last saw him alive on January 19 1948

Immediate cause of death

Pneumonia -

DURATION

3 days.

Due to

Due to

Other conditions

Central Laryngeal
Hypertension & arteria sclerosis

1935

1935

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Throth M.D.

M. D. or other

Address

Denton, Md.

Date signed Jan 24 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00311

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of error, please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County *Caroline*City or town *Federalburg*

(If outside city or town limits, write RURAL and give nearest town)

38 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Liberty Road

How long in hospital or institution?

3. (a) FULL NAME

Anna A. Hubert

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Female**White**Married*

6.(b) Name of husband or wife

F. Olin Hubert

7. Birth date of deceased (mo., day, yr.)

February 23, 1875

6.(c) If alive, give age

66

years

8. AGE:

Years

Months

Days

If less than one day

72

10

11

hrs.

min.

9. Birthplace

Bacast County, Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

12. Name

William Satchell

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Marta Stevens

15. Birthplace

Dorchester County, Maryland

16. Informant

F. Olin Hubert

Address

Federalburg, Maryland

17. Burial

*Cremation*Date thereof *January 6, 1948*

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalburg, Maryland

19. Date rec'd by registrar

*January 6**1948**J. J. Frampton*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *Caroline*City or town *Federalburg*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *Liberty Road*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 4, 1948, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Jan 4, 1948, to Jan 4, 1948*and that I last saw h.e. A. alive on *Jan 4, 1948*

Immediate cause of death

Coronary Thrombosis

DURATION

6 hrs.

Due to

Due to

Other conditions

Hypertension

7

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank W. Anderson M.D.

M. D. or other

*Federalburg, Md.*Date signed *1-6-48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00312

153

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

Dear Harmony

How long in hospital or institution?

3. (a) FULL NAME

Mildred M. Jackson4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced DivorcedB.(b) Name of husband or wife Lewis Brunacee7. Birth date of deceased (mo., day, yr.) August 3, 1925 8. (c) If alive, give age 25 years8. AGE: Years 22 Months 5 Days 19 less than one day hrs. min.9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Earl Jackson13. Birthplace Tampa, Maryland14. Maiden name Marjorie Bulah15. Birthplace Caroline County, Maryland16. Informant Mrs. Lillian M. NicholsAddress Preston, Maryland, R.F.D.17. Burial Date thereof January 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Paul CemeteryLocation Dear Concord, Maryland18. Funeral director J. J. Frampton and SonAddress Federalsburg, Maryland19. January 24 1948
(Date rec'd by registrar) J. J. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Arcato - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Dear Harmony
(If rural, give LOCATION)

2.(a) Is veteran, name war?

3. (b) Social Security Number

219-14-3414

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1948 at 12:50 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6 1947 to January 22 1948 and that I last saw her alive on January 21 1948.

Immediate cause of death

Lupus Erythematosus Disseminatus
acute-

DURATION

5 1/2 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

D. Paul Thotts MD

M. D. or other

Address Dear Concord Date signed 1/23/48

RECEIVED

JAN 28 1948

BIBLIOTHEQUE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00313

CERTIFICATE OF DEATH

not
C13
Reg. Dist. No.

64

1. PLACE OF DEATH:
 County Caroline
 City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 yrs.
 Hospital, Institution, or street address where death occurred: Maple Ave.
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State N. Y. County
 City or town Astoria
(If outside city or town limits, write RURAL and give nearest town)
 Street No.
(If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Ella Kozich

3. (b) Social Security Number
 213-03-9781

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
Fem.	white	married	
8. (b) Name of husband or wife		Charles Kozich	
7. Birth date of deceased (mo., day, yr.)		November 10, 1893	
8. AGE: Years		Months Days	If alive, give age..... 56 years
54		2 4	hrs. min.

9. Birthplace	N. Y.
(Town, county, and state)	
10. Usual occupation	housewife

11. Industry or business	button factory
--------------------------	----------------

12. Name	Leopold Ruzicka
13. Birthplace	Cechoslavica

14. Maiden name	Julia Warg
15. Birthplace	Cechoslavica

16. Informant	Charles Kozich Sr.
Address	Federalsburg, Md.

17. burial	Date thereof..... 1/15/48
(Burial, cremation, or removal. Which?)	
Cemetery or crematory	Hillcrest Cem.

Location	Federalsburg, Md.
18. Funeral director	Adams & Williamson
Address	Federalsburg, Md.

19. Date rec'd by registrar	January 15 1948	Everett Nuttle Deputy Registrar
-----------------------------	-----------------	------------------------------------

MEDICAL CERTIFICATION

2D. DATE OF DEATH 1/14 1948 at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

6/1/47 1947 to 1/14 1948 and that I last saw alive on 1/14 1948

Immediate cause of death ,

Carcinoma of liver
secondary to generalized metastasis

DURATION

Due to

Other conditions *Diabetes mellitus 1951*

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

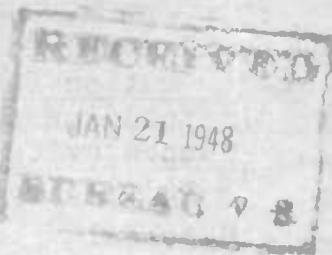
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Frederick M. Anderson M.D.* M. D. or other

Address *Federalsburg, Md.* Date signed *1/15/48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00314

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County *Caroline*City or town *Near Denton*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *2 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Margaret Lovisette

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*F**W**widow**(dead.)*

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Jan. 26th 1870

8. AGE:

Years

Months

Days

If less than one day

77 11 9 hrs. min.

9. Birthplace.....

Baltimore Maryland

(Town, county, and state)

10. Usual occupation.....

at home

11. Industry or business

Jane McDonald

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address *Rd. Greenbord, Md.*17. *Buck* Date thereof *1-8-48*
(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory *St. John Cemetery*Location *Middle Village, Baltimore*18. Funeral director *J. Virgil George & Son*Address *Denton Md.*19. *1/6* Date rec'd by registrar *1948*

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.*County *Caroline*City or town *Near Denton*

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

*Jan. 5**1948 at 4A M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to.....

19.....

and that I last saw h..... alive on.....

19.....

Immediate cause of death.....

Acute Cardiac decompensation sudden

DURATION

Due to.....

Arterio Sclerosis

?

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE *Lanson George*

M. D. or other

Address *Baltimore Maryland*Date signed *1/6/48*

RECEIVED

JAN 9 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00315

60

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Caroline

City or town..... Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 40 Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... X

3. (a) FULL NAME

George W. Moore

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Harriet

7. Birth date of deceased (mo., day, yr.) Sept. 4 1877

8. AGE: Years 70 Months 4 Days 18 If less than one day hrs. min.

9. Birthplace Templeville, Caroline, Maryland.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business X

12. Name Isaac Moore

13. Birthplace Maryland

14. Maiden name No Record

15. Birthplace Maryland

16. Informant Mr. Floyd Moore

Address Dover, Delaware

17. Burial Date thereof 1/25/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Templeville

Location Templeville, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland.

19. 1/25 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION) X

2.(a) If veteran, name war X

3. (b) Social Security Number X

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 22 1948 to Jan. 22 1948

and that I last saw him alive on Jan. 22 1948

Immediate cause of death Coronary Occlus. or

Occlus. occlus. or

Occlus. occlus. or

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

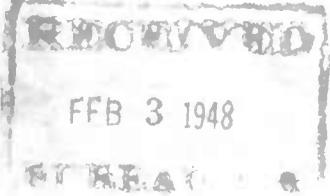
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Clark H. Householder M. D. or other
Address Greensboro, Md. Date signed 1-24-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00316

CERTIFICATE OF DEATH

Reg. Dist. No. 62

940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

Weston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 mos

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

f

70.

widow

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Nov. 14th 1874

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Frankfort Germany

(Town, county, and state)

10. Usual occupation.....

at home

11. Industry or business.....

MOTHER FATHER

12. Name..... West Germany

13. Birthplace..... Germany

14. Maiden name..... West Germany

15. Birthplace..... Germany

16. Informant..... Mr. Raft, Cremated

Address..... Weston, Md.

17. Burial..... Date thereof..... 1-4-48

(Burial, cremation, or removal. Which?) Cemetery or crematory.....

Deerton Cemetery, Deerton, Md.

Location..... Deerton, Md.

18. Funeral director..... J. Virgil Moore & Son

Address..... Deerton, Md.

19. 1-5-48

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town..... Weston

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

January 2

1948 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 25 1947 to Jan. 2 1948

and that I last saw her alive on Dec. 31 1947

Immediate cause of death.....

coronary arteriosclerosis

DURATION

7 years

Due to.....

Due to.....

Other conditions.....

General arteriosclerosis

24

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

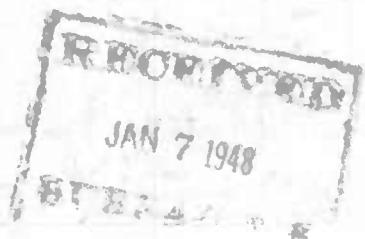
23. SIGNATURE.....

M. D. or other

Address.....

Paul Throth M.D.

Deerton and Date signed 1/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00317

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *1 year*

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

3. (a) FULL NAME

Mary Ann Post

4. Sex

F

5. Color or race

W & widow

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

Dec. 28th 1864

Years

Months

Days

If less than one day

10

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

John Bischoff

13. Birthplace.....

Bavaria

14. Maiden name.....

Mary Johnson

15. Birthplace.....

Bavaria

16. Informant.....

Miss Mary Post

Address.....

Benton, Md.

17. Buried.....

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

1-12-48

Cemetery or crematory.....

Holy Cross Cemetery

Location.....

Yearly Cemetery

18. Funeral director.....

J. Vigil Morris & Son

Address.....

Benton, Md.

19. Date rec'd by registrar.....

1/12 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *January 9th 1948* at *11:50 AM*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *September 1947* to *January 9th 1948*, and that I last saw her *alive on January 9th 1948*.

Immediate cause of death.....

Carcinoma of the liver

Due to.....

Carcinoma of the pancreas

Due to.....

Arteriosclerosis

Other conditions.....

and generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE *Kurt Edelen M.D.* M. D. or other.....Address *1325 Annapolis Avenue* Date signed *Jan. 11*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, give the correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00318

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County *Caroline*City or town *Preston - Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *life*Hospital, institution, or street address where death occurred: *near Harmony*

How long in hospital or institution?

3. (a) FULL NAME

Elsie A. Saulsbury

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Alexander Saulsbury

7. Birth date of deceased (mo., day, yr.)

*September 8, 1904*6.(c) If alive, give age *40* years

8. AGE:

Years *43*Months *4*Days *4*

If less than one day

hrs. *.....* min. *.....*

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name *Albert Cook*

13. Birthplace

Caroline County, Maryland

14. Maiden name

Rosie Foster

15. Birthplace

Talbot County, Maryland

16. Informant

Alexander Saulsbury

Address

Preston, Maryland, P.T.D.

17. Burial

Date thereof *January 15, 1948*
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Paul Chapel Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Tramptow and Son

Address

Federalsburg, Maryland

19. 1/1/15

(Date rec'd by registrar)

19. 48

C. D. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *Caroline*City or town *Preston - Rural*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *near Harmony*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-01-5070

MEDICAL CERTIFICATION

20. DATE OF DEATH *January 12, 1948* at *4:15 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *August 16, 1947* to *Jan 12, 1948* and that I last saw her alive on *January 12, 1948*.

Immediate cause of death

Cerebral Hemorrhage

Due to

My perforation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

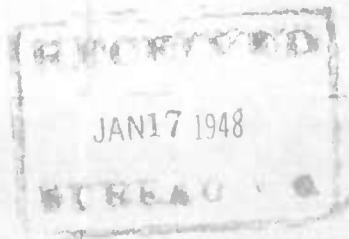
23. SIGNATURE

D Paul Throth MD

M. D. or other

Address

*Deutron Rd*Date signed *1/14/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00319
13d

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yearsHospital, Institution, or street address where death occurred: North Main Street

How long in hospital or institution?

3. (a) FULL NAME

William J. Willis

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Olive A. Willis

7. Birth date of deceased (mo., day, yr.)

September 29, 1849

6.(c) If alive, give age — years

8. AGE:

Years 98Months 3Days 10

If less than one day

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

12. Name

James Willis

13. Birthplace

Caroline County, Maryland

14. Maiden name

Wright

15. Birthplace

Caroline County, Maryland

16. Informant

Ralph E. Willis

Address

Federalsburg, Maryland

17. Burial

Date thereof January 11, 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

Near Federalsburg, Maryland

18. Funeral director

J. J. Frampton & Son

Address

Federalsburg, Maryland

19. January 10 1948

(Date rec'd by registrar)

S. S. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. North Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

January 9 1948 at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 11947, toJan. 9 1948and that I last saw h. l. alive on Jan. 9 19481948

Immediate cause of death

Chronic myocarditis
Chronic nephritis?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

M. D. or other

Address

Federalsburg, Md.Date signed 1/9/48

